

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Pennsylvania  
(State)

Case number (if known) Chapter \_\_\_\_\_

Check if this is an amended filing

## Official Form 205

# Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

### Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the  
Bankruptcy Code

Check one:

- Chapter 7  
 Chapter 11

### Part 2: Identify the Debtor

2. Debtor's name

Bonamour Health Group, LLC

3. Other names you know  
the debtor has used in  
the last 8 years

Bonamour Health Group

\_\_\_\_\_

\_\_\_\_\_

Include any assumed  
names, trade names, or  
doing business as names.

4. Debtor's federal  
Employer Identification  
Number (EIN)

Unknown

EIN \_\_\_\_\_

5. Debtor's address

448 Old Clairton Road

Number Street

\_\_\_\_\_

Clairton  
City

PA  
State  
ZIP Code

Mailing address, if different

Number Street

P O. Box

City State ZIP Code

Location of principal assets, if different from  
principal place of business

Number Street

City State ZIP Code

Allegheny  
County

Debtor Bonamour Health Group, LLC Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

6. Debtor's website (URL) \_\_\_\_\_

7. Type of debtor  Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other type of debtor. Specify: \_\_\_\_\_

8. Type of debtor's business *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the types of business listed.  
 Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

No  
 Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ MM / DD / YYYY Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ MM / DD / YYYY Case number, if known \_\_\_\_\_

**Part 3: Report About the Case**

10. Venue *Check one:*  
 Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
 A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

*At least one box must be checked:*

- The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
 Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?  No  
 Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Name	Bonamour Health Group, LLC	Case number (if known)	
13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	<u>GLC On-The-Go, Inc.</u>	<u>Accounts Receivable</u>	\$ <u>217,680.99</u>
	<u>Shifster, LLC d/b/a Eshyft</u>	<u>Staffing Services</u>	\$ <u>\$580,400.83</u> <u>114,617.92</u>
	<u>Herrmann Associates, LLC</u>	<u>Goods &amp; Services</u>	\$ <u>19,888.09</u>
	<u>Print-Tech Copy Service &amp; Office Supply</u>	<u>Goods &amp; Services</u>	\$ <u>29,000.00</u>
		<u>Total of petitioners' claims</u>	\$ <u>846,969.91</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

#### Part 4: Request for Relief

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

#### Petitioners or Petitioners' Representative

#### Attorneys

#### Name and mailing address of petitioner

Name GLC On-The-Go, Inc.  
 Number Street 55 Weston Road, Suite 300  
 City Weston State Florida ZIP Code 33326

#### Name and mailing address of petitioner's representative, if any

Name Lori L Lane  
 Number Street 55 Weston Rd Suite 300  
 City Weston State FL ZIP Code 33326

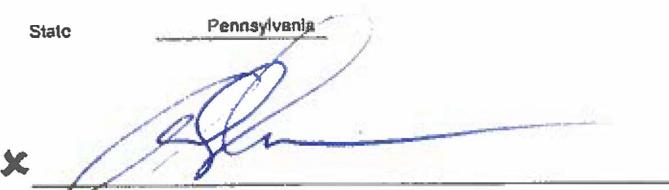
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/09/2024  
 MM / DD / YYYY

President

x

Signature of petitioner or representative, including representative's title

Robert S. Bernstein  
 Printed name Robert S. Bernstein  
 Firm name, if any Bernstein-Burkley, P.C.  
 Number Street 601 Grant Street, 9th Floor  
 City Pittsburgh State Pennsylvania ZIP Code 15219  
 Bar number 34308  
 State Pennsylvania  
 Signature of attorney   
 Date signed 04/09/2024  
 MM / DD / YYYY

Dobtor	<u>Bonamour Health Group, LLC</u>	Case number (if known)
Name		
Name and mailing address of petitioner		
Shifster, LLC		
Name	<u>Brian K. Zollner</u>	
4547 Route 9 N, Suite Q	Printed name	
Number Street	Hynum Law	
Howell	New Jersey	07731
City	State	ZIP Code
Name and mailing address of petitioner's representative, if any		
Eli/Elchanon Gelb		
Name	<u>Brian K. Zollner</u>	
Number Street		
City	State	ZIP Code
I declare under penalty of perjury that the foregoing is true and correct.		
Executed on	<u>04-09-2024</u>	
MM / DD / YYYY		
<u>Eli Gelb Director of AR</u>		
Signature of petitioner or representative, including representative's title		
X		
Name and mailing address of petitioner		
Hermann Associates, Inc.		
Name	<u>Ryan J. Cooney</u>	
1000 Noblestown Road	Printed name	
Number Street	The Cooney Law Offices	
Pittsburgh	PA	15205
City	State	ZIP Code
Name and mailing address of petitioner's representative, if any		
Name	<u>Ryan J. Cooney</u>	
Number Street		
City	State	ZIP Code
I declare under penalty of perjury that the foregoing is true and correct.		
Executed on	<u>MM / DD / YYYY</u>	
<u>X</u>		
Signature of petitioner or representative, including representative's title		
X		

**Debtor** Bonameur Health Group, LLC **Case number (if known)** \_\_\_\_\_

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	<u>GLC On-The-Go, Inc.</u>	<u>Accounts Receivable</u>	\$ <u>217,630.00</u> <u>571,500.53</u>
	<u>Shifter, LLC d/b/a Eshy</u>	<u>Staffing Services</u>	\$ <u>254,617.02</u>
	<u>Hermann Associates, LLC</u>	<u>Goods &amp; Services</u>	\$ <u>19,600.00</u>
	<u>Print-Tech Copy Services &amp; Office Supply</u>	<u>Goods &amp; Services</u>	\$ <u>29,000.00</u>
		<u>Total of petitioners' claims</u>	\$ <u>381,157.00</u>

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Attorneys**

**Name and mailing address of petitioner**

GLC On-The-Go, Inc.  
Name  
55 Weston Road, Suite 300  
Number Street  
Weston Florida 33328  
City State ZIP Code

Robert S. Bernstein  
Petited name  
Bernstein-Burday, P.C.  
Firm name, if any  
601 Grant Street, 8th Floor  
Number Street  
Pittsburgh Pennsylvania 15219  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name  
Number Street  
City State ZIP Code

Contact phone (412) 469-6101 Email rbernstein@bernsinlaw.com  
Bar number 34306  
State Pennsylvania

I declare under penalty of perjury that the foregoing is true and correct.

Executed on MM / DD / YYYY

X \_\_\_\_\_  
Signature of attorney

X

Signature of petitioner or representative, including representative's title

Date signed

MM / DD / YYYY

Debtor Bonamour Health Group, LLC  
Name

Case number (*if known*) \_\_\_\_\_

Name and mailing address of petitioner

Name Shifster, LLC  
Number Street 4547 Route 9 N, Suite Q  
City Howell State New Jersey ZIP Code 07731

Name and mailing address of petitioner's representative, if any

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on MM / DD / YYYY

**X**

Signature of petitioner or representative, including representative's title

Name and mailing address of petitioner

Name Herrmann Associates, Inc.  
Number Street 1000 Noblestown Road  
City Pittsburgh State PA ZIP Code 15205

Name and mailing address of petitioner's representative, if any

Name DAVID HERRMANN  
Number Street 1000 Noblestown Road  
City Pittsburgh State PA ZIP Code 15205

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/09/2024  
MM / DD / YYYY

**X** David J. Herrmann  
Signature of petitioner or representative, including representative's title

Brian K. Zellner  
Printed name

Hynum Law  
Firm name, if any

Number Street 2608 N. 3rd Street, P.O. Box 5620  
City Harrisburg State Pennsylvania ZIP Code 17110  
Contact phone (717) 774-1357 Email bzellner@hynumpc.com  
Bar number 59262  
State Pennsylvania

**X** \_\_\_\_\_  
Signature of attorney

Date signed MM / DD / YYYY

Ryan J. Cooney  
Printed name

The Cooney Law Offices  
Firm name, if any

Number Street Benedum Trees Building, 223 Fourth Avenue, Fourth Floor  
City Pittsburgh State PA ZIP Code 15222  
Contact phone 412-545-1234 Email rcooney@cooneylawyers.com  
Bar number 319213  
State Pennsylvania

**X** Ryan J. Cooney  
Signature of attorney

Date signed 04/09/2024  
MM / DD / YYYY